

**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

RECEIPT # **129560**

725 Summer St. N.E. Ste. A  
SALEM, OR 97301-4172  
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_\_\_\_

RECEIVED FROM: Carolyn Crawford  
BY: \_\_\_\_\_

APPLICATION	<u>G-18817</u>
PERMIT	
TRANSFER	

CASH:  CHECK:# 4282 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2,210.00

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407 COPIES \$ \_\_\_\_\_  
OTHER: (IDENTIFY) \$ \_\_\_\_\_  
0243 I/S Lease \_\_\_\_\_ 0244 Muni Water Mgmt. Plan \_\_\_\_\_ 0245 Cons. Water \_\_\_\_\_

**4270 WRD OPERATING ACCT**

**MISCELLANEOUS** 46111

0407 COPY & TAPE FEES \$ \_\_\_\_\_  
0410 RESEARCH FEES \$ \_\_\_\_\_  
0408 MISC REVENUE: (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
TC162 DEPOSIT LIAB. (IDENTIFY) \_\_\_\_\_ \$ \_\_\_\_\_  
0240 EXTENSION OF TIME \$ \_\_\_\_\_

**WATER RIGHTS:**

0201 SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203 GROUND WATER	\$ <u>1690.00</u>	0204	\$ <u>520.00</u>
0205 TRANSFER	\$ _____		

**WELL CONSTRUCTION**

0218 WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
LANDOWNER'S PERMIT	\$ _____	0220	\$ _____
OTHER (IDENTIFY) _____			

**0536 TREASURY 0437 WELL CONST. START FEE**

0211 WELL CONST START FEE \$ \_\_\_\_\_ CARD # \_\_\_\_\_  
0210 MONITORING WELLS \$ \_\_\_\_\_ CARD # \_\_\_\_\_  
OTHER (IDENTIFY) \_\_\_\_\_

**0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER**

0233 POWER LICENSE FEE (FW/WRD) \$ \_\_\_\_\_  
0231 HYDRO LICENSE FEE (FW/WRD) \$ \_\_\_\_\_  
HYDRO APPLICATION \$ \_\_\_\_\_

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_  
OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT: **129560**

DATED: 4/18/19 BY: C. Waethrich

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WATER RESOURCES DEPARTMENT**

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INVOICE # \_\_\_\_\_

RECEIVED FROM: Carolyn Crawford

APPLICATION	G-18817
PERMIT	
TRANSFER	

BY: \_\_\_\_\_

CASH:  CHECK:#  4282 OTHER: (IDENTIFY)

TOTAL REC'D \$ 2210.00

**1083 TREASURY 4170 WRD MISC CASH ACCT**

0407	COPIES	\$
_____	OTHER: (IDENTIFY) _____	\$

0243 I/S Lease \_\_\_\_\_ 0244 Muni Water Mgmt. Plan \_\_\_\_\_ 0245 Cons. Water \_\_\_\_\_

**4270 WRD OPERATING ACCT**

**MISCELLANEOUS** 4011

0407	COPY & TAPE FEES	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY) _____	\$
TC162	DEPOSIT LIAB. (IDENTIFY) _____	\$
0240	EXTENSION OF TIME	\$

**WATER RIGHTS:**

0201	SURFACE WATER	EXAM FEE	0202	RECORD FEE
0203	GROUND WATER	\$ <u>1690.00</u>	0204	\$ <u>520.00</u>
0205	TRANSFER	\$		

**WELL CONSTRUCTION**

0218	WELL DRILL CONSTRUCTOR	EXAM FEE	0219	LICENSE FEE
	LANDOWNER'S PERMIT	\$	0220	\$
_____	OTHER (IDENTIFY) _____			

**0536 TREASURY 0437 WELL CONST. START FEE**

0211	WELL CONST START FEE	\$	CARD #
0210	MONITORING WELLS	\$	CARD #
_____	OTHER (IDENTIFY) _____		

**0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER**

0233	POWER LICENSE FEE (FW/WRD)	\$
0231	HYDRO LICENSE FEE (FW/WRD)	\$
_____	HYDRO APPLICATION	\$

**TREASURY OTHER / RDX**

FUND \_\_\_\_\_ TITLE \_\_\_\_\_  
 OBJ. CODE \_\_\_\_\_ VENDOR # \_\_\_\_\_  
 DESCRIPTION \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT: **129560**

DATED: 4/18/19 BY: CWaelthrich

# E-2 Standard Application Completeness Checklist

Yes No

For use with Groundwater and Surface Water Applications Only

Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

For use by WRD staff only

Application G-18817 County Baker Priority Date 04/18/19

Township 8S Range 39E Section 18

Amount 0.078cfs Use Irrigation (DO ± HH) WM Dist. # 8

Applicant Name Doug & Carolyn Crawford Family Trust

Receipt No. 129560- Caseworker Assigned:  Barbe  Kim  Lisa  Scott

- Applicant/Organization Name and Mailing Address
- Signature of *all* applicants (include title or authority of representative if applicant is an organization or corporation). \*Applicant's agent may NOT sign application.
- Property Ownership: Does the applicant own all the land for the proposed project?  Y  N  
If No:
  - The affected landowner's name(s) and mailing address(s) must be listed
  - A signed statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
- For a SW Application: Source of water must be indicated.
  - If the source is stored water, is the stored water component filled out and does the applicant own the reservoir or include a non-expired agreement for stored water? (ORS 537.400)  
*NOTE: A surface water application cannot be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application, Exp. Secondary (E2)(ORS 537.147).*
  - If for stored water not under contract, is the source authorized under a permit, certificate, or decree?  
Permit or Certificate issued  Y  N Permit or Certificate # \_\_\_\_\_
- For a GW Application: Well Development Tables completed and/or a well log report included (if existing)
- Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)
- Proposed Water Use
  - Amount of water from *each* source in GPM, CFS, or AF
  - Period of use indicated
  - If for supplemental irrigation, primary acreage or underlying permit or certificate number listed  
(Primary and Supplemental Irrigation counts as 2 uses)
- Water Management Section (*Estimates if the water system has not been designed*)
- Resource Protection Section
- Project schedule (If system is already completed, indicate "existing.")

- Supplemental data sheets enclosed (if needed)
  - Form M (Municipal or Quasi-Municipal)
  - Spring Description Sheet (if source is a spring)

A completed **Land-Use Form** or receipt signed and dated by the appropriate planning department officials. *Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months.*

A **Legal Description** of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.

The proposed source **IS / IS NOT** (circle one) restricted or withdrawn from further appropriation. *NOTE: If it is withdrawn under ORS 538, return application and fees.*

The **map** must meet all the minimum requirements of OAR 690-310-0050.

- Township, Range, Section
- Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
- Place of use, 1/4-1/4's and tax lot clearly identified
- Even map scale not less than 4" = 1 mile (1" = 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft.
- Location of *each* diversion point or well by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs, if existing.
- Reference corner on map
- North Directional Symbol
- Number of acres per 1/4 1/4 if for irrigation, nursery, or agriculture

**Fees: Printout from Fee Calculator**

Total Fees	\$ <u>2210.00</u>
Fee Paid	\$ <u>          </u>
Amount Due	\$ <u>          </u>

Reviewed by Judy Ferrell Date: 04/09/19

Peer Reviewed by CORY MIDDLETON Date 4/22/19  
Mary BjorE 4-22-19